C-2 Rev. 06/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

| Castian | T |
|---------|---|
| Section | |

| Name of Sandidate or Political Committee and Chairperson | | | Office Sough (i | Constitute) District (il any) | |
|---|---|----------------------------|--------------------------|------------------------------------|--|
| Vailing Address | Check if address chan | ge. City and Zip | Home Phone | Word Phone | |
| 8561 N. Cloveri | | 9 Hauser | 83854 (208) 72 | 3-62/ STATE | |
| Teresa Pa | KAC | | | | |
| Mailing Address | Check if address char | gc. City and Zip X | 38 77 Home Phone | Work Phone | |
| rading radiess | | Post fall | 5 (208) 70 | | |
| ection II | | | | | |
| Directions: To indicate the instructional manual for rep This report | type of report being to porting periods and du rt is for the period fro | TYPE OF REPO | e dates and check the ap | propriate box(es). See the | |
| 7 Day Pre-Primary | Report | ☐ 30 Day Post-Primary | Report 🔲 O | ctober 10 Pre-General Report | |
| 7 Day Pre-General | Report | ☐ 30 Day Post-General | Report | nnual Report | |
| Semi-Annual Repo | ort (Statewide Candid | ates Only) | | | |
| Is this Report a | n amendment? | Yes No Is | this a Termination Repor | 1? 🔲 Yes 🔭 No | |
| Section III | STATEMENT (| OF NO CONTRIBUTIO | NS OR EXPENDITU | ₹ES | |
| Section IV. hereby certify t | hat I have received no from//_ | o contributions and have i | made no expenditures du | ring this reporting period | |
| Section IV | | SUMMARY | | | |
| To reach your Calendar Yea figures to the Column II fig | | this report's Column I | COLUMN I This Period | COLUMN II Calendar Year to Date | |
| Line 1: Cash on Hand Janua | ary I This Year* | | \$ _XXXXXX_ | * | |
| Line 2: Enter Cash Balance | | orting Period** | \$ | \$ XXXXXX | |
| Line 3: Total Contributions (Enter amount from page 2) | | | \$ | \$ | |
| Line 4: Subtotal (Add lines 1, 2 and 3) | | | \$ | s | |
| Line 5: Total Expenditures | | age 2) | \$ | S | |
| Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)*** | | | \$ | S | |
| Line 7: Outstanding Debt to | Date Date | | \$ | | |
| *This same figure should be **You must report the eash Note that the closing cash | on hand at both the h | eginning of the reporting | period and the close of | | |
| | Section V | CE | RTIFICATION | | |
| Return This Report To: | | | | | |
| Ben Ysursu | I Teresa Yarker , hereby certify that the information | | | | |
| Secretary of State PO Box 83720 | in this report is a true, complete and correct Landpaign Financial Disclosure Report as | | | | |
| Boise ID 83720-0080 | | | | | |
| phone: (208) 334-2852 | | | | | |
| fax: (208) 334-2282 | | | and Holisian T | | |
| Signature of Political Treasurer | | | | | |